

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Swiercz, Walter C		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-2241		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 364 Sauk Trail Park Forest, IL <div style="text-align: right; font-size: small;">ZIP Code 60466</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Swiercz, Walter C	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). <div style="display: flex; justify-content: space-between;"> <div> X /s/ Lorraine M. Greenberg Signature of Attorney for Debtor(s) Lorraine M. Greenberg </div> <div style="text-align: right;"> August 25, 2015 (Date) </div> </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="margin-left: 40px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 40px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Swiercz, Walter C

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Walter C Swiercz

Signature of Debtor **Walter C Swiercz**

X _____

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 25, 2015

Date

Signature of Attorney*

X /s/ Lorraine M. Greenberg

Signature of Attorney for Debtor(s)

Lorraine M. Greenberg 3129023

Printed Name of Attorney for Debtor(s)

Lorraine M. Greenberg

Firm Name

**150 N. Michigan Avenue
Suite 800
Chicago, IL 60601**

Address

Email: lgreenberg@greenberglaw.net

312-588-3330 Fax: 312-264-5620

Telephone Number

August 25, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Walter C Swiercz**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Walter C Swiercz
Walter C Swiercz

Date: August 25, 2015

United States Bankruptcy Court
Northern District of Illinois

In re **Walter C Swiercz**,
Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	82,000.00		
B - Personal Property	Yes	4	6,766.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		79,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	80		1,178,056.37	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			1,874.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,105.33
Total Number of Sheets of ALL Schedules		94			
Total Assets			88,766.00		
Total Liabilities				1,257,056.37	

United States Bankruptcy Court
Northern District of Illinois

In re **Walter C Swiercz**,
Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	1,874.00
Average Expenses (from Schedule J, Line 22)	2,105.33
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		1,178,056.37
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		1,178,056.37

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
single family home, purchased 1993; pp. \$81,900 Location: 364 Sauk Trail, Park Forest IL 60466	homestead	-	82,000.00	79,000.00

Sub-Total > **82,000.00** (Total of this page)

Total > **82,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		cash on hand	-	316.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		checking account at US Bank	-	100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		household goods and furnishings, holiday decorations; linens, housewares, small appliances, pots, pans, dishes; tables, chairs, beds, dressers, nightstands, lamps, chest of drawers, 3 tvs, household tools, phones, dining set; sofas; loveseat; recliner; computer; desks; tall boy; easy chairs; china; china cabinet; table; organ	-	4,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		pictures; books	-	200.00
6. Wearing apparel.		necessary wearing apparel, bible, textbooks, family pictures	-	500.00
7. Furs and jewelry.		6 watches	-	100.00
8. Firearms and sports, photographic, and other hobby equipment.		camera	-	50.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

Sub-Total > **5,266.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		medical malpractice claim arising from surgery which occurred on or about 8/2/2013; Debtor is represented by Jay Paul Deratany, 221 N. LaSalle Street, Chicago, IL 60601 (312) 857-7285 2015 L 007901, Circuit Court of Cook County, Illinois Value of claim is estimated to be in excess of \$50,001	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1999 Chevrolet Suburban (not running) (170,000 miles)	-	1,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **1,500.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.		medical prosthetics	-	Unknown

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **6,766.00**
(Report also on Summary of Schedules)

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Real Property</u>			
single family home, purchased 1993; pp. \$81,900 Location: 364 Sauk Trail, Park Forest IL 60466	735 ILCS 5/12-901	15,000.00	82,000.00
<u>Cash on Hand</u>			
cash on hand	735 ILCS 5/12-1001(b)	316.00	316.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
checking account at US Bank	735 ILCS 5/12-1001(g)(1)	100%	100.00
<u>Household Goods and Furnishings</u>			
household goods and furnishings, holiday decorations; linens, housewares, small appliances, pots, pans, dishes; tables, chairs, beds, dressers, nightstands, lamps, chest of drawers, 3 tvs, household tools, phones, dining set; sofas; loveseat; recliner; computer; desks; tall boy; easy chairs; china; china cabinet; table; organ	735 ILCS 5/12-1001(b)	3,684.00	4,000.00
<u>Wearing Apparel</u>			
necessary wearing apparel, bible, textbooks, family pictures	735 ILCS 5/12-1001(a)	500.00	500.00
<u>Other Contingent and Unliquidated Claims of Every Nature</u>			
medical malpractice claim arising from surgery which occurred on or about 8/2/2013; Debtor is represented by Jay Paul Deratany, 221 N. LaSalle Street, Chicago, IL 60601 (312) 857-7285 2015 L 007901, Circuit Court of Cook County, Illinois Value of claim is estimated to be in excess of \$50,001	735 ILCS 5/2-1716 735 ILCS 5/12-1001(h)(4)	100% 15,000.00	Unknown
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
1999 Chevrolet Suburban (not running) (170,000 miles)	735 ILCS 5/12-1001(c)	2,400.00	1,500.00
<u>Other Personal Property of Any Kind Not Already Listed</u>			
medical prosthetics	735 ILCS 5/12-1001(e)	100%	Unknown

Total: **37,000.00** **88,416.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 0030177737			First Mortgage					
Cenlar Central Loan Admin & Reporti PO Box 77404 Ewing, NJ 08628		-	single family home, purchased 1993; pp. \$81,900 Location: 364 Sauk Trail, Park Forest IL 60466				79,000.00	0.00
			Value \$ 82,000.00					
Account No.			Representing: Cenlar Central Loan Admin & Reporti				Notice Only	
Nationstar Mortgage Attn: Bankruptcy PO Box 619096 Dallas, TX 75261-9741								
			Value \$					
Account No.			Representing: Cenlar Central Loan Admin & Reporti				Notice Only	
Nationstar Mortgage Bankruptcy Dept. PO Box 630348 Irving, TX 75063								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							79,000.00	0.00
Total (Report on Summary of Schedules)							79,000.00	0.00

0 continuation sheets attached

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **Walter C Swiercz**

Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. MPAS064252 Abc Credit & Recovery 4736 Main St Ste 4 Lisle, IL 60532		Opened 8/01/13 Collection Attorney Midwest Pulmonary - Associates				125.00
Account No. A006987461 ACL POB 27901 West Allis, WI 53227	-	5/3/2013				266.10
Account No. A007002871 ACL POB 27901 West Allis, WI 53227	-	5/14/13				502.80
Account No. ACMC Physican Services 4440 W. 95th Street Oak Lawn, IL 60453-2600	-	various				0.00
Subtotal (Total of this page)						893.90

79 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 557666336		11/21/13-12/9/13				0.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No.		April, 2015				Unknown
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 556609915		7/30/13-8/10/13				68,047.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 561890377		2/27/15				232.61
Advocate Christ Medical Center PO Box 3039 Attn: Patient Accounts Oak Brook, IL 60522-3039	-					
Account No. 561890393		2/28/15				86.22
Advocate Christ Medical Center PO Box 3039 Attn: Patient Accounts Oak Brook, IL 60522-3039	-					
Sheet no. <u>1</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						68,365.83
Subtotal (Total of this page)						68,365.83

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256		Representing: Advocate Christ Medical Center				Notice Only
Account No. 559826581		8/1/14				
Advocate Christ Medical Center PO Box 3039 Attn: Patient Accounts Oak Brook, IL 60522-3039	-					188.07
Account No. 557579570		11/15/13				
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					220.00
Account No.						
Advocate Christ Medical Center P.O. Box 70508 Chicago, IL 60673		Representing: Advocate Christ Medical Center				Notice Only
Account No. 561734831		2/6/15-2/9/15				
Advocate Christ Medical Center PO Box 3039 Attn: Patient Accounts Oak Brook, IL 60522-3039	-					1,260.00
Sheet no. <u>2</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,668.07

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 562880724		6/11/15				117.19
Advocate Christ Medical Center PO Box 3039 Attn: Patient Accounts Oak Brook, IL 60522-3039	-					
Account No. 0000000001354892		2/9/15				1,260.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 36651800		Representing: Advocate Christ Medical Center				Notice Only
State Collection Service 2509 S. Stoughton Road Madison, WI 53716						
Account No. 553369026		8/6/12-8/15/2012				177.33
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 553369026		8/6/2012-8/15/2012				204,976.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Sheet no. 3 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						206,530.52

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 552585473		5/11/2012-5/18/2012				220,242.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 554666206		1/3/2013				38,211.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 554822841		1/13/13-1/23/2013				248,917.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 557306388		10/14/13-10/17/2013				27,870.00
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 559826581		8/1/2014				188.07
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Sheet no. 4 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						535,428.07
Subtotal (Total of this page)						

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 561734831		2/16/15				1,260.00
Advocate Christ Medical Center 4440 West 95th Street Attn: Patient Accounts Oak Lawn, IL 60453	-					
Account No. 561890393		2/28/15				86.22
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No.		2015				0.00
Advocate Christ Medical Center P.O. Box 3597 Physician Billing Springfield, IL 62708-3597	-					
Account No.						0.00
Advocate Christ Medical Center Attn: Billing/Collections P.O. Box 70508 Chicago, IL 60673-0508	-					
Account No. 561890377		2/27/15				232.61
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Sheet no. <u>5</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,578.83

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 562880724		6/11/15				177.19
Advocate Christ Medical Center PO Box 4256 Attn: Patient Accounts Carol Stream, IL 60197-4256	-					
Account No. 554039834		10/25/2012				1,212.00
Advocate Health and Hospitals Corp. P.O. Box 70508 Chicago, IL 60673-0508	-					
Account No.		Representing: Advocate Health and Hospitals Corp.				Notice Only
GAIL D HASBROUCK 3075 HIGHLAND PARKWAY Suite 600 Downers Grove, IL 60515						
Account No. 20547667		Representing: Advocate Health and Hospitals Corp.				Notice Only
Harris & Harris, Ltd. PO Box 5598 Chicago, IL 60680-5598						
Account No. 554272047		11/14/2012				143.20
Advocate Health and Hospitals Corp. P.O. Box 70508 Chicago, IL 60673-0508	-					
Sheet no. <u>6</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,532.39

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 554565614		12/14/2012				709.60
Advocate Health and Hospitals Corp. P.O. Box 70508 Chicago, IL 60673-0508	-					
Account No. 554355669		11/23/2012				1,336.00
Advocate Health Care 3075 Highland Parkway Suite 600 Downers Grove, IL 60515	-					
Account No. 109328		8/9/2013				463.48
Advocate Home Care Products -DME 2311 W 22nd Street, Ste 300 Oak Brook, IL 60523	-					
Account No. 63278						5,305.46
Advocate Home Health Services 2311 W 22nd Street Oak Brook, IL 60523-4103	-					
Account No. 63278		12/1/2011-6/8/2012				990.00
Advocate Home Health Services 2311 W 22nd Street Oak Brook, IL 60523	-					
Sheet no. <u>7</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						8,804.54

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. 63278		-	1/1/2009-12/31/2013				4,716.51	
Advocate Home Health Services 2311 W 22nd Street Oak Brook, IL 60523								
Account No. 63278		-	8/11/13-12/24/13				6,609.63	
Advocate Home Health Services 2311 W 22nd Street Oak Brook, IL 60523								
Account No. 63278		-	1/1/2009-4/30/2014				4,716.51	
Advocate Home Health Services 2311 W 22nd Street Oak Brook, IL 60523-4103								
Account No. 1001054898		-	11/23/13 & others				247.40	
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016								
Account No. 1001054898		-	various				62.20	
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016								
Sheet no. 8 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	16,352.25

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1001054898		various				
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					5,006.00
Account No. 1001054898		various				
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					1,649.00
Account No. 1001054898		various				
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					1,074.00
Account No. 1001054898		multiple				
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					10,166.00
Account No. 1001054898		1/19/13				
Advocate Medical Group 4220 W 95th Street Suite 200 Oak Lawn, IL 60453	-					43.00
Sheet no. <u>9</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						17,938.00
Subtotal (Total of this page)						17,938.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1001054898		1/3/13-5/21/13				10,670.00
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					
Account No. 1001054898		6/4/13-10/15/13				3,610.00
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					
Account No. 1001054898		7/31/13-10/16/13				3,857.00
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					
Account No. 1001054898		5/5/2012				474.00
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					
Account No.		2014 - 2015				Unknown
Advocate Medical Group 701 Lee Street Des Plaines, IL 60016	-					
Sheet no. <u>10</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						18,611.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 129854		5/17/2012				43.00
AMG - Heart & Vascular Of Illinois 75 Remittance Drive, Suite #1555 Chicago, IL 60675-1555	-					
Account No. 48896		5/11/12				40.00
Andina & Irabagon S.C. 6250 South Archer Chicago, IL 60638-2667	-					
Account No. 7517749						577.09
Asset Recovery Solutions, LLC 2200 E Devon Ave Suite 200 Des Plaines, IL 60018-4501	-					
Account No. 2863760		7/31/13				412.00
Associates In Rehab Medicine 777 Oakmont Lane Suite 1600 Westmont, IL 60559-5577	-					
Account No. 2863760		8/5/2013-8/6/2013				110.00
Associates In Rehab Medicine 777 Oakmont Lane Suite 1600 Westmont, IL 60559-5577	-					
Sheet no. <u>11</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,182.09

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. 4888941994796682	-		Opened 11/01/03 Last Active 10/04/13				3,486.00	
Bank Of America Attention: Recovery Department 4161 Peidmont Pkwy. Greensboro, NC 27410			Credit Card					
Account No.			Representing: Bank Of America				Notice Only	
Bank Of America Po Box 982235 El Paso, TX 79998								
Account No. 019462141			Representing: Bank Of America				Notice Only	
Client Services, Inc 3451 Harry S. Truman Blvd. Saint Charles, MO 63301								
Account No. 51939938			Representing: Bank Of America				Notice Only	
Firstsource Advantage LLC 205 Bryant Woods South Amherst, NY 14228								
Account No. 000099543832706	-		Opened 12/01/08 Last Active 10/15/13				3,734.00	
Barclays Bank Delaware Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899								Credit Card
Sheet no. 12 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	7,220.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.							
Barclays Bank Delaware 125 S West St Wilmington, DE 19801			Representing: Barclays Bank Delaware				Notice Only
Account No. 3004354							
Blatt, Hasenmiller, Leibsker & Moor 10 S. LaSalle St Suite 2200 Chicago, IL 60603-1069			Representing: Barclays Bank Delaware				Notice Only
Account No.							
Juniper PO Box 13337 Philadelphia, PA 19101-3337			Representing: Barclays Bank Delaware				Notice Only
Account No. 1006075318							
NCB Management Services, Inc. P.O. Box 1099 Langhorne, PA 19047			Representing: Barclays Bank Delaware				Notice Only
Account No.							
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439			Representing: Barclays Bank Delaware				Notice Only
Sheet no. <u>13</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Northstar Location Services LLC 4285 Genesee Street Cheektowaga, NY 14225-1943		Representing: Barclays Bank Delaware				Notice Only
Account No. 120021699868		Opened 6/01/14				
Cach Llc/Square Two Financial Attention: Bankruptcy 4340 South Monaco St. 2nd Floor Denver, CO 80237	-	Collection Attorney Capital One Bank Usa N.A.				2,610.00
Account No.						
Cach Llc/Square Two Financial 4340 S Monaco St Unit 2 Denver, CO 80237		Representing: Cach Llc/Square Two Financial				Notice Only
Account No. 120021699868						
First Step Group LLC 6300 Shingle Creek Parkway Suite 220 Brooklyn Center, MN 55430		Representing: Cach Llc/Square Two Financial				Notice Only
Account No. 5178057324912786		Opened 1/01/03 Last Active 10/26/13				
Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	-	Credit Card				3,934.00
Sheet no. <u>14</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,544.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 2993106 Blatt, Hasenmiller, Leibsker & Moor 10 S. LaSalle St Suite 2200 Chicago, IL 60603-1069		Representing: Capital One					Notice Only
Account No. Capital One Pob 30281 Salt Lake City, UT 84130		Representing: Capital One					Notice Only
Account No. 302513338 Nelson, Watson & Associates, LLC PO Box 1299 Haverhill, MA 01831-1799		Representing: Capital One					Notice Only
Account No. 5178059885638933 Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130		Opened 10/01/02 Last Active 10/26/13 Credit Card -					3,083.00
Account No. Blatt, Hasenmiller, Leibsker & Moor 10 S. LaSalle St Suite 2200 Chicago, IL 60603-1069		Representing: Capital One					Notice Only
Sheet no. <u>15</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 3,083.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No. Capital One Pob 30281 Salt Lake City, UT 84130		Representing: Capital One				Notice Only	
Account No. 6004-3009-1129-5548 Capital One Retail Services PO Box 5893 Carol Stream, IL 60197-5893		-				500.00	
Account No. Asset Recovery Solutions LLC 2200 E Devon Ave Suite 200 Des Plaines, IL 60018-4501		Representing: Capital One Retail Services				Notice Only	
Account No. 37-16507837 Cardiothoracic & Vascular Surgical Associates, S.C. PO Box 3722 Springfield, IL 62708-3722		various				617.00	
Account No. 37-16507837 Cardiothoracic & Vascular Surgical Associates, S.C. PO Box 3722 Springfield, IL 62708-3722		various				2,013.00	
Sheet no. <u>16</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	3,130.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 37-16507837		multiple				
Cardiothoracic & Vascular Surgical Associates, S.C. PO Box 3722 Springfield, IL 62708-3722	-					5,193.00
Account No.						
Cardiovascular Care Consultants 10837 S. Cicero Ave Suite 110 Oak Lawn, IL 60453-6459	-					4,012.00
Account No.						
Cardiovascular Care Consultants 4950 W. 95th St Oak Lawn, IL 60453		Representing: Cardiovascular Care Consultants				Notice Only
Account No.						
Law Offices of Joel Cardis, LLC 2006 Swede Road, Suite 100 E. Norriton, PA 19401		Representing: Cardiovascular Care Consultants				Notice Only
Account No. 1085610856						
Transworld Systems Inc. PO Box 17221 Wilmington, DE 19850		Representing: Cardiovascular Care Consultants				Notice Only
Sheet no. <u>17</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						9,205.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 10856		various				2,347.00
Cardiovascular Care Consultants 4950 W. 95th St Oak Lawn, IL 60453-2504	-					
Account No. 18080		3/4/15				116.78
Cardiovascular Consultants 12845 S Cicero Ave Suite 202 Alsip, IL 60803-3083	-					
Account No. 18080		various				48.46
Cardiovascular Consultants 12845 S Cicero Ave Suite 202 Alsip, IL 60803-3083	-					
Account No. 4090423		5/17/2012				43.00
Cardiovascular Management 900 S Frontage Road Suite 325 Woodridge, IL 60517	-					
Account No. 500337930		Representing: Cardiovascular Management				Notice Only
United Recovery Service, LLC 18525 Torrence Ave Suite C-6 Lansing, IL 60438						
Sheet no. <u>18</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,555.24

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4121375000285512		-	Opened 9/01/96 Last Active 10/27/13				2,735.00
Chase Card Po Box 15298 Wilmington, DE 19850			Credit Card				
Account No. 29648878			Representing: Chase Card				Notice Only
ARS National Services, Inc. PO Box 463023 Escondido, CA 92046-3023							
Account No. 2393159			Representing: Chase Card				Notice Only
MRS Associates Of NJ 1930 Olney Ave Cherry Hill, NJ 08003							
Account No. 80580419			Representing: Chase Card				Notice Only
United Collection Bureau, Inc. 5620 Southwyck Blvd. Suite 206 Toledo, OH 43614							
Account No. xxxxxxxxxxxxx5109		-					129.00
Chase Card Po Box 15298 Wilmington, DE 19850							
Sheet no. 19 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,864.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. T-9611015						
Convergent Outsourcing, Inc. 10750 Hammerly Blvd #200 Houston, TX 77043		Representing: Chase Card				Notice Only
Account No. 17244300						
Leading Edge Recovery Solutions 5440 N. Cumberland Ave., Suite 300 Chicago, IL 60656-1490		Representing: Chase Card				Notice Only
Account No. 25584626-PV-0511						
Plaza Recovery, Inc PO Box 722218 Houston, TX 77272-2218		Representing: Chase Card				Notice Only
Account No. xxxxxxxxxxxx5941						
Citicorp Centralized Bankruptcy Dep (Home Depot) Po Box 790040 Saint Louis, MO 63179	-					5,237.00
Account No.						
CITI PO Box 790345 Saint Louis, MO 63179		Representing: Citicorp Centralized Bankruptcy Dep				Notice Only
Sheet no. <u>20</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,237.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 31946820						
FMA Alliance, Ltd. 12339 Cutten Road Houston, TX 77066		Representing: Citicorp Centralized Bankruptcy Dep				Notice Only
Account No.						
Home Depot Credit Services PO Box 790328 Saint Louis, MO 63179		Representing: Citicorp Centralized Bankruptcy Dep				Notice Only
Account No. 33782641						
United Recovery Systems, LP 5800 North Course Drive Houston, TX 77072-1613		Representing: Citicorp Centralized Bankruptcy Dep				Notice Only
Account No. 5856370691377965		Opened 9/01/10 Last Active 12/31/14				
Comenity Bank/Harlem Furniture Attention: Bankruptcy Po Box 182125 Columbus, OH 43218		Charge Account				3,925.00
Account No.						
Comenity Bank/Harlem Furniture Po Box 182789 Columbus, OH 43218		Representing: Comenity Bank/Harlem Furniture				Notice Only
Sheet no. <u>21</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,925.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 20838211						
Weltman Weinberg & Reis 3705 Marlane Drive Grove City, OH 43123-8895		Representing: Comenity Bank/Harlem Furniture				Notice Only
Account No. D63196880N1						
Comnwlth Fin 245 Main St Dickson City, PA 18519	-	Emp Of Cook County Llc				864.00
Account No.						
Phoenix Financial Services LLC PO Box 26580 Indianapolis, IN 46226-0580		Representing: Comnwlth Fin				Notice Only
Account No. CHS-3940063-113						
Consultants in Pathology SC PO Box 30309 Charleston, SC 29417-0309	-	multiple				147.55
Account No. CHS-3468165-113						
Consultants in Pathology SC 5935 Rivers Ave Ste 101 N. Charleston, SC 29406	-					26.25
Sheet no. <u>22</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,037.80

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. CHS-3427454-113		-	multiple				1,269.89	
Consultants in Pathology SC PO Box 30309 Charleston, SC 29417-0309								
Account No. CHS-3927508-113		-	multiple				36.85	
Consultants in Pathology SC PO Box 30309 Charleston, SC 29417-0309								
Account No. CHS-3928344-113		-	5/3/12				8.75	
Consultants in Pathology SC PO Box 30309 Charleston, SC 29417-0309								
Account No. CHS-3928295-113		-	5/3/2012				35.00	
Consultants in Pathology SC PO Box 30309 Charleston, SC 29417-0309								
Account No. 661079223		-	Opened 4/01/95 Last Active 10/04/13 Charge Account				2,893.00	
Credit First/CFNA Bk13 Credit Operations Po Box 818011 Cleveland, OH 44181								
Sheet no. <u>23</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	4,243.49

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. 21815539							
Alliance One 4850 Street Rd #level C Trevose, PA 19053			Representing: Credit First/CFNA				Notice Only
Account No. 018030314							
Client Services, Inc 3451 Harry S. Truman Blvd. Saint Charles, MO 63301			Representing: Credit First/CFNA				Notice Only
Account No.							
Credit First National Association P.O. Box 81410 Cleveland, OH 44181			Representing: Credit First/CFNA				Notice Only
Account No.							
Credit First National Association P.O. Box 81344 Cleveland, OH 44188			Representing: Credit First/CFNA				Notice Only
Account No.							
Credit First/CFNA 6275 Eastland Road Brook Park, OH 44142			Representing: Credit First/CFNA				Notice Only
Sheet no. <u>24</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 2688908 Deepak Leekha MD 777 Oakmont Lane, Ste 1600 Westmont, IL 60559-5577	-	1/23/2013				1,153.00
Account No. 6011-3810-1591-1199 Direct Merchants Bank Cardmember Services PO Box 30258 Salt Lake City, UT 84130-0258	-					2,600.00
Account No. 120021699868 First Step Group LLC 6300 Shingle Creek Parkway Suite 220 Brooklyn Center, MN 55430		Representing: Direct Merchants Bank				Notice Only
Account No. SWIWA000 Dr. Mulamalla & Dr. Reddy Cardiovascular Care Associates 3800 203rd St Suite 209 Olympia Fields, IL 60461-1185	-	various				4,775.00
Account No. 4383140861920 Dsnb Macys Po Box 8218 Mason, OH 45040	-	Opened 4/01/12 Last Active 10/26/13 Charge Account				687.00
Sheet no. 25 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 9,215.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. DS2 020139004							
LTD Financial Services LP 7322 Southwest Freeway, Suite 1600 Houston, TX 77074		Representing: Dsnb Macys					Notice Only
Account No.							
Macy's Attention: Bankruptcy Processing PO Box 8053 Mason, OH 45040		Representing: Dsnb Macys					Notice Only
Account No. F51338695							
Northland Group, Inc. P.O. Box 390905 Mail Code F164 Edina, MN 55439		Representing: Dsnb Macys					Notice Only
Account No. M7601639		5/5/2012					
Emp of Cook County, LLC PO Box 636750 Cincinnati, OH 45263-6750	-						861.30
Account No. 36756804		Opened 11/01/12					
Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	-	Collection Attorney Emp Of Cook County Llc					861.00
Sheet no. <u>26</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,722.30

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.							
Emp of Cook County LLC 4535 Dressler Road NW Canton, OH 44718-2545			Representing: Escallate Llc				Notice Only
Account No. 37579516			Opened 11/01/13 Collection Attorney Emp Of Cook County Llc				
Escallate Llc 5200 Stoneham Rd North Canton, OH 44720	-						690.00
Account No. 36184128			11/22/2011				
Escallate Llc PO Box 710715 Columbus, OH 43271-0715	-						864.00
Account No. 41053933			Representing: Escallate Llc				Notice Only
Bay Area Credit Service LLC PO Box 467600 Atlanta, GA 31146							
Account No. M7601639			Representing: Escallate Llc				Notice Only
Emp of Cook County LLC 4535 Dressler Road NW Canton, OH 44718-2545							
Sheet no. <u>27</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,554.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx0904 FIA Card Services, N.A. PO Box 15102 Wilmington, DE 19886-5102	-					3,221.00
Account No. Bank of America PO Box 982236 El Paso, TX 79998-2236		Representing: FIA Card Services, N.A.				Notice Only
Account No. xxxxxxxxxxxx6682 Northstar Location Services LLC 4285 Genesee Street Cheektowaga, NY 14225-1943		Representing: FIA Card Services, N.A.				Notice Only
Account No. 82750 Foot & Ankle Associates Ltd 4650 Southwest Highway Oak Lawn, IL 60453	-	5/20/14 & others				15.62
Account No. 1309815 Franciscan Alliance PO Box 4628 Oak Brook, IL 60522	-	10/2/14-10/31/14				61.68
Sheet no. <u>28</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						3,298.30
Subtotal (Total of this page)						3,298.30

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 513143539		-	7/30/2013-				5,420.35
Franciscan Alliance PO Box 4628 Oak Brook, IL 60522							
Account No.			Representing: Franciscan Alliance				Notice Only
Franciscan Alliance PO Box 664056 Indianapolis, IN 46266-4056							
Account No.		-					0.00
Franciscan Alliance PO Box 4628 Oak Brook, IL 60522							
Account No. 9512013941		-	1/31/2012				259.70
Franciscan Alliance Inc 37653 Eagle Way Chicago, IL 60678-1376							
Account No. 10270988			Representing: Franciscan Alliance Inc				Notice Only
MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148							
Sheet no. 29 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							5,680.05

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 514123579						
Franciscan St. James Health PO Box 4628 Oakbrook, IL 60522	-					33.84
Account No. 514166799		9/3/14-9/30/14				
Franciscan St. James Health PO Box 4628 Oakbrook, IL 60522	-					83.78
Account No. 514158281		8/15/2014-8/31/2014				
Franciscan St. James Health PO Box 4628 Oakbrook, IL 60522	-					32.74
Account No. 514189015		10/2/14-10/31/14				
Franciscan St. James Health 2434 Interstate Plaza Drive Suite 2 Hammond, IN 46324	-					61.68
Account No. 514166799		9/3/2014-9/30/2014				
Franciscan St. James Health PO Box 4628 Oakbrook, IL 60522	-					83.78
Sheet no. 30 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						295.82

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9511206807 & others						
Franciscan St. James Health Olympia Fields c/o Harris & Harris, Ltd 111 W Jackson Blvd, Suite 900 Chicago, IL 60604-4134	-					105.00
Account No. 21382790						
Harris & Harris, Ltd. 111 West Jackson Blvd. Suite 400 Chicago, IL 60604-4134		Representing: Franciscan St. James Health				Notice Only
Account No. 9512081620						
Franciscan St. James Health PO Box 4628 Oak Brook, IL 60522	-	5/5/12-5/9/2012				12.00
Account No. 513143539						
Franciscan St. James Health PO Box 4628 Oak Brook, IL 60522	-	7/30/2013				5,420.35
Account No. 9511206807						
Franciscan St. James Health 2434 Interstate Plaza Drive Suite 2 Hammond, IN 46324	-	11/22/2011-12/27/2011				105.00
Sheet no. 31 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,642.35

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9512039386 Franciscan St. James Health PO Box 4628 Oak Brook, IL 60522	-	2/1/2012-2/29/2012				25.00
Account No. 9512022831 Franciscan St. James Health 2434 Interstate Plaza Drive Suite 2 Hammond, IN 46324	-	2/3/2012-				151.20
Account No. 9512076346 Franciscan St. James Health 2434 Interstate Plaza Drive Suite 2 Hammond, IN 46324	-	5/1/2012				3,296.63
Account No. 9512079812 Franciscan St. James Health 2434 Interstate Plaza Drive Suite 2 Hammond, IN 46324	-	5/3/2012				345.00
Account No. 9512080418 Franciscan St. James Health 2434 Interstate Plaza Drive Suite 2 Hammond, IN 46324	-	5/3/2012				473.00
Sheet no. 32 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						4,290.83
Subtotal (Total of this page)						4,290.83

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 514119867		-	6/19/2014-6/30/2014			30.85
Franciscan St. James Health PO Box 4628 Oak Brook, IL 60522						
Account No. 24375858			Representing: Franciscan St. James Health			Notice Only
Harris & Harris, Ltd. 111 West Jackson Blvd. Suite 400 Chicago, IL 60604-4135						
Account No. 9511206807 & others		-	11/22/2011 & others			7,992.62
Franciscan St. James Health - Olymp Fields c/o Harris & Harris, Ltd 111 West Jackson Blvd, Suite 400 Chicago, IL 60604-4135						
Account No.			Representing: Franciscan St. James Health - Olymp			Notice Only
Franciscan St. James Health PO Box 4628 Oak Brook, IL 60522						
Account No. 9511206807		-	11/22/2011			105.00
Franciscan St. James Health-Olympia PO Box 4628 Oakbrook, IL 60522						
Sheet no. <u>33</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						8,128.47

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx9226						
GE Capital Retail Bank/Discount Tir Bankruptcy Dept. PO Box 103106 Roswell, GA 30076	-					0.00
Account No. 3010XO6PO6		2/24/14				
Hanger Clinic 17530 S Kedzie Avenue Hazel Crest, IL 60429-2004	-					125.22
Account No. 3010xo6po6		5/12/14				
Hanger Clinic 17530 S Kedzie Avenue Hazel Crest, IL 60429-2004	-					808.28
Account No.						
Hanger Prosthetics & Orthotics 17530 S Kedzie Avenue Hazel Crest, IL 60429-2004	-					125.22
Account No. 21382790		Opened 9/01/13				
Harris Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604	-	Collection Attorney Franciscan St James Health				105.00
Sheet no. 34 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,163.72

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Harris 111 W Jackson Blvd S-400 Chicago, IL 60604		Representing: Harris				Notice Only
Account No. 24840830		Opened 3/01/15				
Harris Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604	-	Collection Attorney Franciscan St James Health				84.00
Account No.						
Harris 111 W Jackson Blvd S-400 Chicago, IL 60604		Representing: Harris				Notice Only
Account No. 21915948		Med1 02 Franciscan St James Health				
Harris & Harris, Ltd Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604-4135	-					5,537.35
Account No.						
Harris 111 W Jackson Blvd S-400 Chicago, IL 60604		Representing: Harris & Harris, Ltd				Notice Only
Sheet no. <u>35</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						5,621.35

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Harris & Harris, Ltd. PO Box 5598 Chicago, IL 60680-5598		Representing: Harris & Harris, Ltd				Notice Only
Account No. 25476773		various				
Harris & Harris, Ltd Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604-4135	-					8,054.30
Account No. 24581542						
Harris & Harris, Ltd Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604-4135	-					5,634.78
Account No. 24286301						
Harris & Harris, Ltd Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604-4135	-					5,568.20
Account No.						
Franciscan Alliance Inc. Corporate Office Attn: Bankruptcy 1515 Dagoon Trail Mishawaka, IN 46544		Representing: Harris & Harris, Ltd				Notice Only
Sheet no. 36 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						19,257.28

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 21587461 Harris & Harris, Ltd Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604-4135	-					117.00
Account No. 324338 Heart Care Center of Illinois Patient Bill Processing Center PO Box 1180 Sharpsburg, GA 30277	-	6/12/2012				40.00
Account No. 324338 Heart Care Centers of Illinois P.O. Box 766 Bedford Park, IL 60499-0766		Representing: Heart Care Center of Illinois				Notice Only
Account No. 106-16026438 Hickory Cardiac Care LLC PO Box 6355 Springfield, IL 62708-6355	-	11/26/2011				75.00
Account No. 15107767 Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477	-	Opened 5/01/13 Collection Attorney Acmc Physician Services				2,401.00
Sheet no. 37 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,633.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Representing: Illinois Collection Service/ICS				Notice Only
Illinois Collection Service/ICS 8231 185th St Ste 100 Tinley Park, IL 60487							
Account No. 15656180			Opened 1/01/14 Collection Attorney Advocate Home Health Services				1,480.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477							
Account No.			Representing: Illinois Collection Service/ICS				Notice Only
Illinois Collection Service/ICS 8231 185th St Ste 100 Tinley Park, IL 60487							
Account No. 15656182			Opened 1/01/14 Collection Attorney Advocate Home Health Services				955.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477							
Account No.			Representing: Illinois Collection Service/ICS				Notice Only
Illinois Collection Service/ICS 8231 185th St Ste 100 Tinley Park, IL 60487							
Sheet no. <u>38</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,435.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 15343827	-		Opened 8/01/13				624.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477			Collection Attorney Acmc Physician Services				
Account No.			Representing: Illinois Collection Service/ICS				Notice Only
Illinois Collection Service/ICS 8231 185th St Ste 100 Tinley Park, IL 60487							
Account No. 15606783	-		Opened 12/01/13				474.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477			Collection Attorney Acmc Physician Services				
Account No.			Representing: Illinois Collection Service/ICS				Notice Only
Illinois Collection Service/ICS 8231 185th St Ste 100 Tinley Park, IL 60487							
Account No. 15656181	-		Opened 1/01/14				350.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477			Collection Attorney Advocate Home Health Services				
Sheet no. 39 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,448.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
Illinois Collection Service/ICS 8231 185th St Ste 100 Tinley Park, IL 60487			Representing: Illinois Collection Service/ICS				Notice Only
Account No. 15369383			Advocate Medical Group				
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477		-					129.00
Account No. 15623159			Advocate Medical Group				
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477		-					3,986.00
Account No. 14434279			5/18/2012				
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477		-	ACMC Physician Services				1,429.00
Account No. 14561874			ADvocate Medical Group				
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477		-					86.00
Sheet no. 40 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							5,630.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1846121 Illinois Medi-Car Inc. 395 W. Lake Street P.O. Box 1407 Elmhurst, IL 60126	-					87.00
Account No. 1476680-1 Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397	-					135.85
Account No. 21-6372135 CBCS PO Box 165025 Columbus, OH 43216-5025		Representing: Ingalls Memorial Hospital				Notice Only
Account No. 1493322-1 Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397	-	7/16/2012				73.85
Account No. 640229 Vision Financial Services PO Box 1768 La Porte, IN 46352-1768		Representing: Ingalls Memorial Hospital				Notice Only
Sheet no. 41 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 296.70

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1476680-1 Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397		6/26/12 -				728.00
Account No. 21-6372135 CBCS PO Box 2334 Columbus, OH 43216-2334		Representing: Ingalls Memorial Hospital				Notice Only
Account No. 437781 Ingalls Memorial Hospital PO Box 75608 Chicago, IL 60675-5608		6/26/2012-6/26/2012 -				728.00
Account No. 21-130160628 CBCS PO Box 2334 Columbus, OH 43216-2334		Representing: Ingalls Memorial Hospital				Notice Only
Account No. Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397		Representing: Ingalls Memorial Hospital				Notice Only
Sheet no. 42 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,456.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Ingalls Memorial Hospital PO Box 5995 Peoria, IL 61601-5995		Representing: Ingalls Memorial Hospital				Notice Only
Account No. 1483462-1		7/3/2012				
Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397	-					281.75
Account No. 437781		7/16/2012				
Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397	-					211.00
Account No. 437781		7/31/2012				
Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397	-					211.00
Account No. 1505131-1		7/31/12				
Ingalls Memorial Hospital PO Box 3397 Chicago, IL 60654-0397	-					73.85
Sheet no. 43 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						777.60

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. multiple		multiple				
Jeffrey L. Rosen Attorney at Law 541 Otis Bowen Drive Munster, IN 46321	-					0.00
Account No. 137783		6/9/15				
LCMH-Affiliated Services 2800 W 87th Street Chicago, IL 60652-3831	-					5.55
Account No. 4144		various				
M.R. Olden & Associates, LLC PO Box 631 Richton Park, IL 60471-0631	-					100.00
Account No. 223869697061		Opened 6/01/13				
Med Business Bureau Po Box 1219 Park Ridge, IL 60068	-	Collection Attorney Med1 02 Midwest Anesthesia Ltd				4,340.00
Account No.						
Med Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068		Representing: Med Business Bureau				Notice Only
Sheet no. 44 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						4,445.55

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 223869703206			Opened 7/01/13				2,945.00
Med Business Bureau Po Box 1219 Park Ridge, IL 60068			- Collection Attorney Med1 02 Midwest Anesthesia Ltd				
Account No.			Representing: Med Business Bureau				Notice Only
Med Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068							
Account No. 223869746047			Opened 12/01/13				2,480.00
Med Business Bureau Po Box 1219 Park Ridge, IL 60068			- Collection Attorney Med1 02 Midwest Anesthesia Ltd				
Account No.			Representing: Med Business Bureau				Notice Only
Med Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068							
Account No. 223869776795			Opened 7/01/14				2,015.00
Med Business Bureau Po Box 1219 Park Ridge, IL 60068			- Collection Attorney Med1 02 Midwest Anesthesia Ltd				
Sheet no. 45 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			7,440.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.							
Med Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068			Representing: Med Business Bureau				Notice Only
Account No. 223869697037			Opened 6/01/13				
Med Business Bureau Po Box 1219 Park Ridge, IL 60068			Collection Attorney Med1 02 Midwest - Anesthesia Ltd				1,550.00
Account No.							
Med Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068			Representing: Med Business Bureau				Notice Only
Account No. 223869774449			Opened 7/01/14				
Med Business Bureau Po Box 1219 Park Ridge, IL 60068			Collection Attorney Med1 02 Midwest - Anesthesia Ltd				1,550.00
Account No.							
Med Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068			Representing: Med Business Bureau				Notice Only
Sheet no. 46 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							3,100.00

Debtor

Best Case Bankruptcy

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. S000317087							5,115.00
Medical Business Bureau LLC Po Box 1219 Park Ridge, IL 60068							
Account No. S000291463							2,480.00
Medical Business Bureau LLC PO Box 1219 Park Ridge, IL 60068							
Account No. S000267764							6,200.00
Medical Business Bureau LLC Po Box 1219 Park Ridge, IL 60068							
Account No. 8123522014			Opened 12/01/12				0.00
Merchants Credit Guide 223 W. Jackson Blvd. Suite 400 Chicago, IL 60606							
Account No.			Representing: Merchants Credit Guide				Notice Only
Merchants Credit Guide 223 W Jackson Blvd Suite 900 Chicago, IL 60606							
Sheet no. <u>48</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							13,795.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1830370 Metro Center for Health 901 McClintock Drive Suite 202 Burr Ridge, IL 60527-0872	-					2,130.93
Account No. 1830370 Metro Infectious Disease Consultant 901 MClintock Drive Suite 202 Burr Ridge, IL 60527-0872	-	various				2,130.93
Account No. SP M1251809 MidAmerica Cardiovascular Consultan 5009 W. 95th Street Oak Lawn, IL 60453-2401	-	5/15/2012				55.00
Account No. MAL280239 Midwest Anesthesiologists 3407 Momentum Place Chicago, IL 60689-5334	-	3/6/2015				245.02
Account No. 281044 Midwest Anesthesiologists 3407 Momentum Place Chicago, IL 60689-5334	-	3/16/15				45.23
Sheet no. 49 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,607.11

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 223869		10/15/13 & others				
Midwest Anesthesiologists 3407 Momentum Place Chicago, IL 60689-5334	-					5,115.00
Account No. 223869		8/2/13				
Midwest Anesthesiologists 3407 Momentum Place Chicago, IL 60689-5334	-					2,480.00
Account No. 223869		10/15/13				
Midwest Anesthesiologists 3407 Momentum Place Chicago, IL 60689-5334	-					1,550.00
Account No. 223869		various				
Midwest Anesthesiologists, Ltd. 185 Penny Avenue Dundee, IL 60118	-					9,145.00
Account No. 207364		5/11/2012				
Midwest Anesthesiologists, Ltd. 185 Penny Avenue Dundee, IL 60118	-					3,750.00
Sheet no. 50 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						22,040.00
Subtotal (Total of this page)						22,040.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 207364		various				20,700.00
Midwest Anesthesiologists, Ltd. 185 Penny Avenue Dundee, IL 60118	-					
Account No. LOMB-L861 C-001354892		3/16/ 15 & others				32.22
Midwest Diagnostic Pathology, SC PO Box 578 Park Ridge, IL 60068-0578	-					
Account No. LOMB-L861 C-001354892		12/7/2013-12/09/2013				1,292.00
Midwest Diagnostic Pathology, SC PO Box 578 Park Ridge, IL 60068-0578	-					
Account No. MIP-DH9344300		1/24/13				38.00
Midwest Imaging Professionals PO Box 371863 Pittsburgh, PA 15250-7863	-					
Account No.		Representing: Midwest Imaging Professionals				Notice Only
Merchants Credit Guide Co. 223 W. Jackson Blvd Suite 700 Chicago, IL 60606						
Sheet no. <u>51</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 22,062.22

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. WS67 Midwest Pulmonary, Associates, S.C 2340 S. Highland Ave. Suite 230 Lombard, IL 60148	-					125.00
Account No. MPAS - 064252 ABC Credit & Recovery Services, Inc PO Box 3722 Lisle, IL 60532-8722		Representing: Midwest Pulmonary, Associates, S.C				Notice Only
Account No. 10270988 MiraMed Revenue Group Dept 77304 PO Box 77000 Detroit, MI 48277-0304	-	multiple St James Hospital & Medical Center				410.90
Account No. 10270988 MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148		Representing: MiraMed Revenue Group				Notice Only
Account No. 9512013941 St james Hospital & Health Centers Attn: Patient Accounts 1423 Chicago Road Chicago Heights, IL 60411		Representing: MiraMed Revenue Group				Notice Only
Sheet no. 52 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 535.90

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 9512022831			Representing: MiraMed Revenue Group				Notice Only
St. James Hospital & Health Centers Attn: Patient Accounts 20201 S Crawford Ave Olympia Fields, IL 60461							
Account No. 11316827		-	2/1/2012				25.00
MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148							
Account No. 11619508		-	Wellgroup Health Partners				890.17
MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148							
Account No. 9537071		-	Opened 5/01/14 Collection Attorney Superior Air-Ground Ambulance				5,103.00
Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018							
Account No. 9194088		-	Opened 7/01/13 Collection Attorney Midwest Diagnostic Pathology A				533.00
Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018							
Sheet no. 53 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							6,551.17

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9410984		Opened 1/01/14				
Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018	-	Collection Attorney Midwest Diagnostic Pathology A				393.00
Account No. 5954302						
NCO Financial Systems, Inc. 3005 Grape Rd Suite A Mishawaka, IN 46545	-					0.00
Account No. 306978						
St. James Center Psychological Well 38005 Eagle Way Chicago, IL 60678-1380		Representing: NCO Financial Systems, Inc.				Notice Only
Account No.						
St. James Prof SVC Mark Conard, Phd 30 E 15th Street Suite 406 Chicago Heights, IL 60411		Representing: NCO Financial Systems, Inc.				Notice Only
Account No. 2967841		various				
NEAR PO Box 209 Thornwood, NY 10594-0209	-	MEDAC-St. James Anesthesia				4,945.00
Sheet no. 54 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,338.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
St. James Anesthesia 20201 Crawford Ave Olympia Fields, IL 60461		Representing: NEAR				Notice Only
Account No. 275606						
St. James Anesthesia 35777 Eagle Way Chicago, IL 60678-1357		Representing: NEAR				Notice Only
Account No. 275606						
The Law Office of Raymond A. Conta 37 Saw Mill River Road Hawthorne, NY 10532		Representing: NEAR				Notice Only
Account No. 1809114058636552		11/21/13; 11/15/2013				
Oak Lawn Radiology Imaging 37241 Eagle Way Chicago, IL 60678		-				303.79
Account No. 141380446						
Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321		Representing: Oak Lawn Radiology Imaging				Notice Only
Sheet no. <u>55</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						303.79

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1809114058091717		10/16/13				203.79
Oak Lawn Radiology Imaging 37241 Eagle Way Chicago, IL 60678	-					
Account No. 126-18091140		7/31/13				203.79
Oak Lawn Radiology Imaging 37241 Eagle Way Chicago, IL 60678	-					
Account No. 126-18091140		7/30/2013				35.00
Oak Lawn Radiology Imaging 37241 Eagle Way Chicago, IL 60678	-					
Account No. 1809114056830157		7/30/13				35.00
Oak Lawn Radiology Imaging 37241 Eagle Way Chicago, IL 60678	-					
Account No. 140721721		Representing: Oak Lawn Radiology Imaging				Notice Only
Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321						
Sheet no. 56 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						477.58

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. 122770192		-	11/29/2011				472.00	
Oaklawn Radiology at St. James 37241 Eagle Way Chicago, IL 60678-1372								
Account No. 72552585473		-	5/11/2012				799.65	
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372								
Account No. 76512022831		-	2/3/2012				35.00	
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372								
Account No. 76511206807		-	11/25-11/29/2011				559.30	
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372								
Account No.			Representing: Oaklawn Radiology Imaging Consulta				Notice Only	
Medical Business Office 541 Otis Bowen Drive Munster, IN 46321								
Sheet no. 57 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,865.95

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		1/21/13				
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372	-					1,108.78
Account No. 72553369026		multiple				
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372	-					341.65
Account No. 72554039834		10/25/12				
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372	-					134.00
Account No. 72554355669		11/23/2012				
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372	-					472.00
Account No. 76512081620		5/5/2012				
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372	-					53.78
Sheet no. 58 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,110.21

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 76512022831		-	2/3/2012				35.00
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372							
Account No. 72554822841		-	1/12/13-1/21/13				1,261.78
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372							
Account No.		-	1/21/13				153.00
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372							
Account No. 126-18091140		-	7/31/2013; 10/16/2013; 11/21/2013;				462.44
Oaklawn Radiology Imaging Consulta 37241 Eagle Way Chicago, IL 60678-1372							
Account No. 14430		-	various				785.52
Olympia Fields Eyecare 3700 W 203rd Suite 103 Olympia Fields, IL 60461							
Sheet no. 59 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,697.74

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. H120803432		6/12/2012				10,806.35
Palos Community Hospital Attn: Accounts Receivable 12251 South 80th Avenue Palos Heights, IL 60463						
Account No.		Representing: Palos Community Hospital				Notice Only
BARBARA J MEDLEY 12251 S 80TH AVE Palos Heights, IL 60463						
Account No. 20547667		Representing: Palos Community Hospital				Notice Only
Harris & Harris, Ltd. 111 West Jackson Blvd. Suite 400 Chicago, IL 60604-4134						
Account No. H120804794		6/11/2012				2,132.00
Palos Community Hospital Attn: Accounts Receivable 12251 South 80th Avenue Palos Heights, IL 60463						
Account No. 7714120505991398		Opened 3/01/15 Factoring Company Account Synchrony Bank				2,300.00
Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462						
Sheet no. <u>60</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						15,238.35

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 15237306-22							
CAC Financial Corp 2601 NW Expressway, Suite 1000 East Oklahoma City, OK 73112-6304			Representing: Portfolio Recovery Ass				Notice Only
Account No.							
GE Capital Retail Bank Attn: Bankruptcy Dept. PO Box 103104 Roswell, GA 30076			Representing: Portfolio Recovery Ass				Notice Only
Account No. 20734018							
Global Credit & Collection Corp. 5440 N Cumberland Ave Suite 300 Chicago, IL 60656-1490			Representing: Portfolio Recovery Ass				Notice Only
Account No.							
Portfolio Recovery Associates LLC PO Box 12914 Norfolk, VA 23541			Representing: Portfolio Recovery Ass				Notice Only
Account No. 6008892491360083			Opened 3/01/15				
Portfolio Recovery Ass 287 Independence Virginia Beach, VA 23462		-	Factoring Company Account Synchrony Bank				2,027.00
Sheet no. <u>61</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,027.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 15219636-22						
CAC Financial Corp 2601 NW Expressway, Suite 1000 East Oklahoma City, OK 73112-7236		Representing: Portfolio Recovery Ass				Notice Only
Account No. 26179360						
Monarch Recovery Management 10965 Decatur Road Philadelphia, PA 19154-3210		Representing: Portfolio Recovery Ass				Notice Only
Account No.						
NCO Financial Systems, Inc. 4740 Baxter Road Virginia Beach, VA 23462		Representing: Portfolio Recovery Ass				Notice Only
Account No.						
Portfolio Recovery Associates LLC PO Box 12914 Norfolk, VA 23541		Representing: Portfolio Recovery Ass				Notice Only
Account No.						
Transworld Systems Inc. PO Box 17221 Wilmington, DE 19850		Representing: Portfolio Recovery Ass				Notice Only
Sheet no. <u>62</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						0.00

Case No.

(Continuation Sheet)

Best Case Bankruptcy

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. 20746802 Global Credit & Collection Corp. 5440 N Cumberland Ave Suite 300 Chicago, IL 60656-1490							Notice Only
Account No. 695605 Integrity Solution Services, Inc. 4370 W. 109th Street, Suite 100 Overland Park, KS 66211							Notice Only
Account No. Portfolio Recovery Associates LLC PO Box 12914 Norfolk, VA 23541							Notice Only
Account No. Portfolio Recovery Associates LLC PO Box 12903 Norfolk, VA 23541							Notice Only
Account No. SYN2588 Professional Bureau of Collections of Maryland, Inc. PO Box 628 Elk Grove, CA 95759							Notice Only
Sheet no. <u>64</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Synchrony Bank Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061		Representing: Portfolio Recovery Ass				Notice Only
Account No. SWIWA004		3/12/15				
Pulmonary Consultants SC 12820 S Ridgeland Ave, Suite B Palos Heights, IL 60463-2389	-					185.66
Account No. 10302		6/11/2012-6/12/12				
Radiology and Nuclear Consultants 311 W Monroe 8th Fl ACS LBX 71260 Chicago, IL 60606	-					537.01
Account No. 10302		Representing: Radiology and Nuclear Consultants				Notice Only
Account No. 62345-QRICO-OB						
Radiology Imaging Consultants, SC 75 Remittance Drive, Dept 1324 Chicago, IL 60675-1324	-					49.82
Sheet no. 65 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						772.49

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 23971		6/7/12				953.50
Rehabtech Supply Corporation 10216 Werch Drive, Suite 108 Woodridge, IL 60517-5092	-					
Account No. 10566929		6/30/14				271.16
Retina Associates Suite 207 2425 W 22nd Street Oak Brook, IL 60523	-					
Account No. 10566929		6/30/14				415.76
Retina Associates Suite 207 2425 W 22nd Street Oak Brook, IL 60523	-					
Account No. 10566929		multiple				232.92
Retina Associates Suite 207 2425 W 22nd Street Oak Brook, IL 60523	-					
Account No. 10566929		multiple				242.77
Retina Associates Suite 207 2425 W 22nd Street Oak Brook, IL 60523	-					
Sheet no. 66 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,116.11

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. LOMB-L441 M00991486		-	6/12/2012				81.00	
SCR Laboratory Physicians, SC PO Box 5959 Carol Stream, IL 60197								
Account No. 5121079723706914		-	Opened 10/01/04 Last Active 10/15/13 Credit Card				2,487.00	
Sears/cbna Po Box 6282 Sioux Falls, SD 57117-6282								
Account No.			Representing: Sears/cbna				Notice Only	
Cardmember Services PO Box 224379 Dallas, TX 75222-4379								
Account No. 98 M1 20189		-					0.00	
Secretary of State Driver Services Dept 2701 S. Dirksen Parkway Springfield, IL 62723-0001								
Account No. 3665A3831		-	5/5/2012				55.00	
SouthSuburban Cardiology Associates 3800 W 203rd Street Suite 201 Olympia Fields, IL 60461-1184								
Sheet no. <u>67</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,623.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. SWL 264481		various				
Southwest Laboratory Physicians SC Dept 77-9288 Chicago, IL 60678-9288	-					259.40
Account No. 564504		7/30/13				
Specialty Physicians of Illinois 38132 Eagle Way Chicago, IL 60678-1381	-					9.51
Account No. 00028017		multiple				
St James Certified Home Health 1400 Otto Blvd Chicago Heights, IL 60411-3400	-					3,355.00
Account No. 00028017		12/2011				
St James Certified Home Health 1400 Otto Blvd Chicago Heights, IL 60411-3400	-					370.00
Account No. 306978		12/19/2011-12/23/2011				
St. James Center Psychological Well 38005 Eagle Way Chicago, IL 60678-1380	-					180.00
Sheet no. 68 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						4,173.91
Subtotal (Total of this page)						

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
NCO Financial Systems, Inc. 3005 Grape Rd Suite A Mishawaka, IN 46545		Representing: St. James Center Psychological Well				Notice Only
Account No. 804193		11/29/11				
St. James Health Care Clinic 30 E 15th Street Ste 406 Chicago Heights, IL 60411	-					250.00
Account No. 59667191						
NCO Financial Systems, Inc. 3005 Grape Rd Suite A Mishawaka, IN 46545		Representing: St. James Health Care Clinic				Notice Only
Account No. 1998 M1 20189						
State Farm Mutual c/o Steven D. Gertler Gertler & Gertler 415 N. LaSalle Street, Suite 402 Chicago, IL 60610	-				X	3,532.98
Account No.						
Law Offices of Steven D. Gertler & Associates Ltd 415 N. LaSalle Street, Suite 402 Chicago, IL 60654-2742		Representing: State Farm Mutual				Notice Only
Sheet no. <u>69</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,782.98

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
State Farm Insurance One State Farm Plaza Bloomington, IL 61710		Representing: State Farm Mutual				Notice Only
Account No.						
State Farm Mutual Automobile Ins Co PO Box 2329 Bloomington, IL 61702-2329		Representing: State Farm Mutual				Notice Only
Account No. 13-264903		7/30/2013				
Superior Air-Ground Ambulance Svc. 395 West Lake Street P.O. Box 1407 Elmhurst, IL 60126-8407	-					5,103.72
Account No. 9537071						
Medical Recovery Specialists, LLC 2250 E Devon, Suite 352 Des Plaines, IL 60018-4521		Representing: Superior Air-Ground Ambulance Svc.				Notice Only
Account No. 1328874						
Superior Air-Ground Ambulance Svc. 395 West Lake Street P.O. Box 1407 Elmhurst, IL 60126-8407	-					1,198.11
Sheet no. 70 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						6,301.83

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 500414099			Representing: Superior Air-Ground Ambulance Svc.				Notice Only
United Recovery Service, LLC 18525 Torrence Ave Suite C-6 Lansing, IL 60438							
Account No. 70314		-	3/17/15				45.96
SW Infectious Disease and IM PO Box 578220 Chicago, IL 60657-7303							
Account No. xxxxxxxxxxxxx4862		-					0.00
Synchrony Bank Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061							
Account No. 4352377615561147		-	Opened 12/01/09 Last Active 10/22/13 Credit Card				1,258.00
Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440							
Account No. 27123161			Representing: Td Bank Usa/targetcred				Notice Only
Firstsource Advantage LLC 205 Bryant Woods South Amherst, NY 14228							
Sheet no. 71 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,303.96

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 86191799-1-79 IC System, Inc. 444 Highway 96 East P.O. Box 64378 Saint Paul, MN 55164-0378			Representing: Td Bank Usa/targetcred				Notice Only
Account No. 415331760 The Bureaus Inc. 650 Dundee Rd Ste 370 Northbrook, IL 60062		-	Opened 1/01/15 Collection Attorney Capital One N.A.				602.00
Account No. The Bureaus Inc. 1717 Central St Evanston, IL 60201			Representing: The Bureaus Inc.				Notice Only
Account No. 62737 The Cardiology Group LLC 2850 West 95th Street Suite 305 Evergreen Park, IL 60805-2701		-	3/9/13				134.00
Account No. 62737 The Cardiology Group LLC 2850 West 95th Street Suite 305 Evergreen Park, IL 60805-2701		-	3/9/13				134.00
Sheet no. <u>72</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 870.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 62737		8/14/2012				
The Cardiology Group LLC 2850 West 95th Street Suite 305 Evergreen Park, IL 60805-2701	-					18.00
Account No. 62737		3/9/13 & 10/14/13				
The Cardiology Group LLC 2850 West 95th Street Suite 305 Evergreen Park, IL 60805-2701	-					152.00
Account No. 62737		1/13/13 & 3/9/13				
The Cardiology Group LLC 2850 West 95th Street Suite 305 Evergreen Park, IL 60805-2701	-					134.00
Account No. 3-1311750		6/21/2012				
The University of Chicago Physician 75 Remittance Drive Suite 1385 Chicago, IL 60675-1385	-					743.00
Account No. 39606		various				
Tinley Primary Care 17148 S Harlem Avenue Tinley Park, IL 60477-3331	-					4,135.00
Sheet no. 73 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,182.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 39606 Tinley Primary Care Ltd 17148 S Harlem Avenue Tinley Park, IL 60477-3331	-	12/8/14				23.00
Account No. 6083a-0000039606 Transworld Systems Inc Collection Agency po bOX 17221 Wilmington, DE 19850		Representing: Tinley Primary Care Ltd				Notice Only
Account No. 39606 Tinley Primary Care Ltd 17148 S Harlem Avenue Tinley Park, IL 60477-3331	-	various				1,173.00
Account No. 39606 Tinley Primary Care Ltd 17148 S Harlem Avenue Tinley Park, IL 60477-3331	-	various				1,353.00
Account No. 6083A-0000039606 Transworld Systems Inc. PO Box 17221 Wilmington, DE 19850		Representing: Tinley Primary Care Ltd				Notice Only
Sheet no. <u>74</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,549.00

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 120662311		11/29/11				87.30
Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	-					
Account No. 76511206807		Representing: Trustmark Recovery Services				Notice Only
Oaklawn Radiology at St. James 37241 Eagle Way Chicago, IL 60678-1372						
Account No. S000057587						870.00
UI Physicians Group 3293 Paysphere Circle Chicago, IL 60674-3293	-					
Account No.		Representing: UI Physicians Group				Notice Only
UI Hospital & Health Sciences Sys 1175 Devin Drive, Suite 173 Norton Shores, MI 49441						
Account No. 929425		11/4/14				94.28
UIC Physician Group 7720 Solution Center Chicago, IL 60677-7007	-					
Sheet no. <u>75</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,051.58

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. S000057587-929425		-				870.00
UIC Physician Group 3293 Paysphere Circle Chicago, IL 60674-3293						
Account No.						Notice Only
Nationwide Credit & Collection, Inc 815 Commerce Drive Suite 270 Oak Brook, IL 60523						
Account No. 929425		-	12/3/13-12/5/2013			697.00
UIC Physician Group 3293 Paysphere Circle Chicago, IL 60674						
Account No. 929425		-	12/8/13173			0.00
UIC Physician Group 3293 Paysphere Circle Chicago, IL 60674						
Account No. 929425		-	various			726.40
UICPG 7720 Solution Center Chicago, IL 60677-7007						
Sheet no. <u>76</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,293.40

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 929425		various				
UICPG 7720 Solution Center Chicago, IL 60677-7007	-					132.79
Account No. 929425		6/3/14				
UICPG 7720 Solution Center Chicago, IL 60677-7007	-					23.31
Account No. 500414099						
United Recovery Service, LLC 18525 Torrence Ave Suite C-6 Lansing, IL 60438	-					1,198.11
Account No.						
Superior Ambulance Service PO Box 1407 Elmhurst, IL 60126		Representing: United Recovery Service, LLC				Notice Only
Account No. 500337451		5/12/2012				
United Recovery Service, LLC 18525 Torrence Ave Suite C-6 Lansing, IL 60438	-					3,577.00
Sheet no. 77 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						4,931.21

B6F (Official Form 6F) (12/07) - Cont.

In re **Walter C Swiercz**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 500390064 United Recovery Service, LLC 18525 Torrence Ave Suite C-6 Lansing, IL 60438	-	9/1/2012				4,702.00
Account No. 1033106 University of Chicago Medical Cente 15965 Collections Center Drive Chicago, IL 60693-0159	-	6/20/2012				2,281.50
Account No. 929425 University of Illinois Medical Ctr Patient Accounts PO Box 12199 Chicago, IL 60612-0199	-					987.59
Account No. Nationwide Credit & Collection, Inc 815 Commerce Drive Suite 270 Oak Brook, IL 60523		Representing: University of Illinois Medical Ctr				Notice Only
Account No. 640635 Vision Financial Services PO Box 1768 La Porte, IN 46352-1768	-	7/3/2012				281.75
Sheet no. 78 of 79 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 8,252.84

B6F (Official Form 6F) (12/07) - Cont.

In re Walter C Swiercz, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. 642297 Vision Financial Services PO Box 1768 La Porte, IN 46352-1768	-	7/31/2012				73.85	
Account No. 640229 Vision Financial Services PO Box 1768 La Porte, IN 46352-1768	-	7/16/2012				73.85	
Account No. 564504 Well Group Health Partners 38132 Eagle Way Chicago, IL 60678-1381	-	multiple				890.00	
Account No. 11524812 MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148		Representing: Well Group Health Partners				Notice Only	
Account No.							
Sheet no. <u>79</u> of <u>79</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,037.70
						Total (Report on Summary of Schedules)	1,178,056.37

In re Walter C Swiercz, Case No. _____
Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re Walter C Swiercz,
Debtor

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 Walter C Swiercz

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☐ Employed

☒ Not employed

Debtor 2 or non-filing spouse

☐ Employed

☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ N/A

Debtor 1 **Walter C Swiercz**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 1,874.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,874.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,874.00 + \$ N/A	= \$ 1,874.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and <i>Related Data</i> , if it applies	12. \$	1,874.00
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Walter C Swiercz

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 965.33

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 50.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Walter C Swiercz**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	200.00
6b. Water, sewer, garbage collection	6b. \$	45.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	70.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	450.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	50.00
10. Personal care products and services	10. \$	25.00
11. Medical and dental expenses	11. \$	200.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	50.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
	18. \$	0.00
19. Other payments you make to support others who do not live with you.		
	\$	0.00
Specify: _____		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	2,105.33
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	1,874.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$	2,105.33
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		
	23c. \$	-231.33
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		

United States Bankruptcy Court
Northern District of Illinois

In re **Walter C Swiercz**

Debtor(s)

Case No.
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **96** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **August 25, 2015**

Signature **/s/ Walter C Swiercz**

Walter C Swiercz

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Walter C Swiercz**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2. Income other than from employment or operation of business

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$15,831.20

2015 - ytd SS benefits

\$23,351.20

2014 - SS benefits

\$23,016.00

2013 - ss benefits

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3. Payments to creditors

None

☐

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Centlar Central Loan Admin & Reporti PO Box 77404 Ewing, NJ 08628	various	\$0.00	\$79,000.00

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--	-----------------------

None

☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Capital One Bank v. Walter Swiercz 2015-M6-006672	collections	Circuit Court of Cook County, Illinois Markham, Illinois	pending
Capital One Bank v. Walter Swiercz 2015-M6-006735	collections	Circuit Court of Cook County, Illinois Markham, Illinois	pending
Walter Swiercz v. Advocate Christ Medical Center et al 2015 L 007901	medical malpractice	Circuit Court of Cook County, Illinois Chicago, Illinois	pending

None

☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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B7 (Official Form 7) (04/13)

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NAME AND ADDRESS OF PAYEE Lorraine M. Greenberg 150 North Michigan Avenue Suite 800 Chicago, IL 60601	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 8/19/2015	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$335 for court costs; \$850 for attorneys fees
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10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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B7 (Official Form 7) (04/13)

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NAME AND ADDRESS OF OWNER
Charles Swiercz
561 Eastwood Drive
Lowell, IN 46356-2532

DESCRIPTION AND VALUE OF PROPERTY
baby grand piano
purchased at estate sale by Debtor's son

LOCATION OF PROPERTY
Debtor's Residence

15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

B7 (Official Form 7) (04/13)

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18 . Nature, location and name of business

None

☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None

☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 25, 2015

Signature /s/ Walter C Swiercz

Walter C Swiercz

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **Walter C Swiercz**

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Cenlar Central Loan Admin & Reporti	Describe Property Securing Debt: single family home, purchased 1993; pp. \$81,900 Location: 364 Sauk Trail, Park Forest IL 60466
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain Debtor to continue paying pursuant to Note (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **August 25, 2015**

Signature **/s/ Walter C Swiercz**

Walter C Swiercz

Debtor

United States Bankruptcy Court
Northern District of Illinois

In re Walter C Swiercz

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>850.00</u>
Prior to the filing of this statement I have received	\$	<u>850.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: August 25, 2015

/s/ Lorraine M. Greenberg

Lorraine M. Greenberg
Lorraine M. Greenberg
150 N. Michigan Avenue
Suite 800
Chicago, IL 60601
312-588-3330 Fax: 312-264-5620
lgreenberg@greenbergllaw.net

The undersigned hereby retains as my Attorney, LORRAINE M. GREENBERG and such other attorneys as may be employed by her and I hereby give permission to Lorraine M. Greenberg to hire other attorneys as co-counsel and to represent me, and to use administrative assistants of her choosing in the following legal matter :

Key CHAPTER 7, Attorneys fees of \$ 850⁰⁰ for attorneys fees PLUS \$335.00 for court costs.

PLUS An additional \$25 - 50 approximately for each credit counseling session (two are required) (I pay this directly to an approved credit counseling agency. Ms. Greenberg will provide me with information regarding agency)

PLUS An additional \$225.00 for each Trustee hearing that I fail to attend.

PLUS An additional fee billed at \$275.00 per hour for the defense of an adversary proceeding (\$2,500.00 minimum retainer)

PLUS An additional \$ 100.00 fee + \$30.00 court costs to add creditors after case is filed.

PLUS An additional \$ 450.00 fees to prepare and present either a Motion for Redemption, a Motion to Avoid Lien or Motion to Reopen Case (plus court costs to reopen the case of \$260.00), all of which must be paid in full before Attorney Greenberg will prepare and present any of these Motions.

By signing below I authorize Ms. Greenberg to deposit all funds received for attorneys fees to be deposited into her operations account immediately and to use the funds immediately as her own funds, as an advance payment retainer. I also authorize her to deposit all funds into her Client funds account and immediately transfer the lump sum attorneys fees agreed to above to her operations account. I understand that all money paid for work performed and earned is **NON-REFUNDABLE**. In every case, the initial retainer of \$500.00 is non-refundable. This is a minimum charge. It covers our fees and costs for opening a file on your behalf and inputting your information into our computer system. If Client chooses not to proceed with the Chapter 7 for any reason, any fees earned for work performed or for costs expended before the case has been filed are non-refundable. I understand that attorney services may be billed at the rate of \$275.00 per hour and paralegal services up to \$100.00 per hour.

I have been told that both a chapter 7 and Chapter 13 are proceedings under the U.S. Bankruptcy Code, and that they both affect my credit rating. My attorney has advised me that the decision to file either type of bankruptcy must be carefully considered, and that the decision is mine alone. My attorney has explained both Chapter 13 and Chapter 7 to me and by signing below I acknowledge having been given a copy of each of the Disclosure Forms and the Bankruptcy Information Sheet.

I understand that all of the fees and costs must be paid in full before my case will be fully prepared and filed with the Court, unless otherwise agreed to by Lorraine M. Greenberg. I understand that I will not have the Court's protection from my creditors until the fees and costs have been paid in full, unless otherwise agreed to in writing by Lorraine M. Greenberg and myself.

I have not been made any promises or guarantees other than that my attorneys will represent me in strict compliance with the law, and to the best of their ability and knowledge. I promise to tell my attorneys and the Court the full truth and to cooperate fully with my attorneys in this legal matter, and that if I do not, I agree that my attorney may discontinue representing me.

By signing below, I authorize my attorneys and their staff to file all necessary documents and schedules electronically with the Court and to fax or mail or email copies of pages from my Bankruptcy Petition and Schedules as well as the Notice of Bankruptcy Filing to my Employer, or any other entities my attorneys deem necessary. I also authorize my attorneys to contact whomever is necessary to obtain documentation to support my testimony as to my assets, liabilities, and income, including my present or past employer and the Internal Revenue Service. I further authorize my attorney to use email as a means of communication between myself and/or my creditors and employer.

I understand that it is my responsibility alone to obtain a Certificate of Completion from a credit counseling agency approved by the U.S. Trustee and to have it faxed to my attorneys at (312)264-5620 or delivered in person or emailed to my attorney at lgreenberg@greenbergglaw.net and that my attorneys cannot file my case until a certificate is received. I have also been told that I must complete a second credit management training program after my case is filed in order to obtain a discharge of my debts.

By signing below, I acknowledge that I have been informed of any potential conflict of interest that my attorneys may have and that I waive any such conflict without further notice. I agree to pay all reasonable and necessary attorneys fees and costs incurred by Ms. Greenberg in the collection of any amounts due under this contract.

I have read this agreement and fully understand it and herewith acknowledge receipt of a copy. I acknowledge that this agreement is the only agreement relating to attorneys fees that I have signed.

Debtor

Joint Debtor

Agreed To:

Lorraine M Greenberg

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re **Walter C Swiercz**

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Walter C Swiercz

Printed Name(s) of Debtor(s)

X **/s/ Walter C Swiercz**

Signature of Debtor

August 25, 2015

Date

Case No. (if known)

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Walter C Swiercz**

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **217**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 25, 2015**

/s/ Walter C Swiercz

Walter C Swiercz

Signature of Debtor

Abc Credit & Recovery
4736 Main St Ste 4
Lisle, IL 60532

ABC Credit & Recovery Services, Inc
PO Box 3722
Lisle, IL 60532-8722

ACL
POB 27901
West Allis, WI 53227

ACMC Physican Services
4440 W. 95th Street
Oak Lawn, IL 60453-2600

Advocate Christ Medical Center
PO Box 4256
Attn: Patient Accounts
Carol Stream, IL 60197-4256

Advocate Christ Medical Center
PO Box 3039
Attn: Patient Accounts
Oak Brook, IL 60522-3039

Advocate Christ Medical Center
4440 West 95th Street
Attn: Patient Accounts
Oak Lawn, IL 60453

Advocate Christ Medical Center
P.O. Box 3597
Physician Billing
Springfield, IL 62708-3597

Advocate Christ Medical Center
Attn: Billing/Collections
P.O. Box 70508
Chicago, IL 60673-0508

Advocate Christ Medical Center
P.O. Box 70508
Chicago, IL 60673

Advocate Health and Hospitals Corp.
P.O. Box 70508
Chicago, IL 60673-0508

Advocate Health Care
3075 Highland Parkway Suite 600
Downers Grove, IL 60515

Advocate Home Care Products -DME
2311 W 22nd Street, Ste 300
Oak Brook, IL 60523

Advocate Home Health Services
2311 W 22nd Street
Oak Brook, IL 60523-4103

Advocate Home Health Services
2311 W 22nd Street
Oak Brook, IL 60523

Advocate Medical Group
701 Lee Street
Des Plaines, IL 60016

Advocate Medical Group
4220 W 95th Street
Suite 200
Oak Lawn, IL 60453

Alliance One
4850 Street Rd #level C
Trevose, PA 19053

AMG - Heart & Vascular Of Illinois
75 Remittance Drive, Suite #1555
Chicago, IL 60675-1555

Andina & Irabagon S.C.
6250 South Archer
Chicago, IL 60638-2667

ARS National Services, Inc.
PO Box 463023
Escondido, CA 92046-3023

Asset Recovery Solutions LLC
2200 E Devon Ave
Suite 200
Des Plaines, IL 60018-4501

Asset Recovery Solutions, LLC
2200 E Devon Ave
Suite 200
Des Plaines, IL 60018-4501

Associates In Rehab Medicine
777 Oakmont Lane
Suite 1600
Westmont, IL 60559-5577

Bank Of America
Attention: Recovery Department
4161 Peidmont Pkwy.
Greensboro, NC 27410

Bank Of America
Po Box 982235
El Paso, TX 79998

Bank of America
PO Box 982236
El Paso, TX 79998-2236

BARBARA J MEDLEY
12251 S 80TH AVE
Palos Heights, IL 60463

Barclays Bank Delaware
Attn: Bankruptcy
P.O. Box 8801
Wilmington, DE 19899

Barclays Bank Delaware
125 S West St
Wilmington, DE 19801

Bay Area Credit Service LLC
PO Box 467600
Atlanta, GA 31146

Blatt, Hasenmiller, Leibsker & Moor
10 S. LaSalle St
Suite 2200
Chicago, IL 60603-1069

CAC Financial Corp
2601 NW Expressway, Suite 1000 East
Oklahoma City, OK 73112-6304

CAC Financial Corp
2601 NW Expressway, Suite 1000 East
Oklahoma City, OK 73112-7236

Cach Llc/Square Two Financial
Attention: Bankruptcy
4340 South Monaco St. 2nd Floor
Denver, CO 80237

Cach Llc/Square Two Financial
4340 S Monaco St Unit 2
Denver, CO 80237

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Capital One
Pob 30281
Salt Lake City, UT 84130

Capital One Retail Services
PO Box 5893
Carol Stream, IL 60197-5893

Cardiothoracic & Vascular Surgical
Associates, S.C.
PO Box 3722
Springfield, IL 62708-3722

Cardiovascular Care Consultants
10837 S. Cicero Ave
Suite 110
Oak Lawn, IL 60453-6459

Cardiovascular Care Consultants
4950 W. 95th St
Oak Lawn, IL 60453-2504

Cardiovascular Care Consultants
4950 W. 95th St
Oak Lawn, IL 60453

Cardiovascular Consultants
12845 S Cicero Ave
Suite 202
Alsip, IL 60803-3083

Cardiovascular Management
900 S Frontage Road
Suite 325
Woodridge, IL 60517

Cardmember Services
PO Box 224379
Dallas, TX 75222-4379

CBCS
PO Box 165025
Columbus, OH 43216-5025

CBCS
PO Box 2334
Columbus, OH 43216-2334

Cenlar Central Loan Admin & Reporti
PO Box 77404
Ewing, NJ 08628

Chase Card
Po Box 15298
Wilmington, DE 19850

CITI
PO Box 790345
Saint Louis, MO 63179

Citicorp Centralized Bankruptcy Dep
(Home Depot)
Po Box 790040
Saint Louis, MO 63179

Client Services, Inc
3451 Harry S. Truman Blvd.
Saint Charles, MO 63301

Comenity Bank/Harlem Furniture
Attention: Bankruptcy
Po Box 182125
Columbus, OH 43218

Comenity Bank/Harlem Furniture
Po Box 182789
Columbus, OH 43218

Comnwlth Fin
245 Main St
Dickson City, PA 18519

Consultants in Pathology SC
PO Box 30309
Charleston, SC 29417-0309

Consultants in Pathology SC
5935 Rivers Ave Ste 101
N. Charleston, SC 29406

Convergent Outsourcing, Inc.
10750 Hammerly Blvd #200
Houston, TX 77043

Credit First National Association
P.O. Box 81410
Cleveland, OH 44181

Credit First National Association
P.O. Box 81344
Cleveland, OH 44188

Credit First/CFNA
Bk13 Credit Operations
Po Box 818011
Cleveland, OH 44181

Credit First/CFNA
6275 Eastland Road
Brook Park, OH 44142

Deepak Leekha MD
777 Oakmont Lane, Ste 1600
Westmont, IL 60559-5577

Direct Merchants Bank
Cardmember Services
PO Box 30258
Salt Lake City, UT 84130-0258

Dr. Mulamalla & Dr. Reddy
Cardiovascular Care Associates
3800 203rd St Suite 209
Olympia Fields, IL 60461-1185

Dsnb Macys
Po Box 8218
Mason, OH 45040

Emp of Cook County LLC
4535 Dressler Road NW
Canton, OH 44718-2545

Emp of Cook County, LLC
PO Box 636750
Cincinnati, OH 45263-6750

Escallate Llc
5200 Stoneham Rd
North Canton, OH 44720

Escallate Llc
PO Box 710715
Columbus, OH 43271-0715

FIA Card Services, N.A.
PO Box 15102
Wilmington, DE 19886-5102

First Step Group LLC
6300 Shingle Creek Parkway
Suite 220
Brooklyn Center, MN 55430

Firstsource Advantage LLC
205 Bryant Woods South
Amherst, NY 14228

FMA Alliance, Ltd.
12339 Cutten Road
Houston, TX 77066

Foot & Ankle Associates Ltd
4650 Southwest Highway
Oak Lawn, IL 60453

Franciscan Alliance
PO Box 4628
Oak Brook, IL 60522

Franciscan Alliance
PO Box 664056
Indianapolis, IN 46266-4056

Franciscan Alliance Inc
37653 Eagle Way
Chicago, IL 60678-1376

Franciscan Alliance Inc.
Corporate Office Attn: Bankruptcy
1515 Dragoon Trail
Mishawaka, IN 46544

Franciscan St. James Health
PO Box 4628
Oakbrook, IL 60522

Franciscan St. James Health
2434 Interstate Plaza Drive
Suite 2
Hammond, IN 46324

Franciscan St. James Health
Olympia Fields
c/o Harris & Harris, Ltd
111 W Jackson Blvd, Suite 900
Chicago, IL 60604-4134

Franciscan St. James Health
PO Box 4628
Oak Brook, IL 60522

Franciscan St. James Health - Olymp
Fields
c/o Harris & Harris, Ltd
111 West Jackson Blvd, Suite 400
Chicago, IL 60604-4135

Franciscan St. James Health-Olympia
PO Box 4628
Oakbrook, IL 60522

GAIL D HASBROUCK
3075 HIGHLAND PARKWAY
Suite 600
Downers Grove, IL 60515

GE Capital Retail Bank
Attn: Bankruptcy Dept.
PO Box 103104
Roswell, GA 30076

GE Capital Retail Bank/Discount Tir
Bankruptcy Dept.
PO Box 103106
Roswell, GA 30076

Global Credit & Collection Corp.
5440 N Cumberland Ave
Suite 300
Chicago, IL 60656-1490

Hanger Clinic
17530 S Kedzie Avenue
Hazel Crest, IL 60429-2004

Hanger Prosthetics & Orthotics
17530 S Kedzie Avenue
Hazel Crest, IL 60429-2004

Harris
Harris & Harris, Ltd.
111 W Jackson Blvd 400
Chicago, IL 60604

Harris
111 W Jackson Blvd S-400
Chicago, IL 60604

Harris & Harris, Ltd
Harris & Harris, Ltd.
111 W Jackson Blvd 400
Chicago, IL 60604-4135

Harris & Harris, Ltd.
PO Box 5598
Chicago, IL 60680-5598

Harris & Harris, ltd.
111 West Jackson Blvd. Suite 400
Chicago, IL 60604-4134

Harris & Harris, ltd.
111 West Jackson Blvd. Suite 400
Chicago, IL 60604-4135

Heart Care Center of Illinois
Patient Bill Processing Center
PO Box 1180
Sharpsburg, GA 30277

Heart Care Centers of Illinois
P.O. Box 766
Bedford Park, IL 60499-0766

Hickory Cardiac Care LLC
PO Box 6355
Springfield, IL 62708-6355

Home Depot Credit Services
PO Box 790328
Saint Louis, MO 63179

IC System, Inc.
444 Highway 96 East
P.O. Box 64378
Saint Paul, MN 55164-0378

Illinois Collection Service/ICS
Illinois Collection Service
Po Box 1010
Tinley Park, IL 60477

Illinois Collection Service/ICS
8231 185th St Ste 100
Tinley Park, IL 60487

Illinois Medi-Car Inc.
395 W. Lake Street
P.O. Box 1407
Elmhurst, IL 60126

Ingalls Memorial Hospital
PO Box 3397
Chicago, IL 60654-0397

Ingalls Memorial Hospital
PO Box 75608
Chicago, IL 60675-5608

Ingalls Memorial Hospital
PO Box 5995
Peoria, IL 61601-5995

Integrity Solution Services, Inc.
4370 W. 109th Street, Suite 100
Overland Park, KS 66211

Jeffrey L. Rosen
Attorney at Law
541 Otis Bowen Drive
Munster, IN 46321

Juniper
PO Box 13337
Philadelphia, PA 19101-3337

Law Offices of Joel Cardis, LLC
2006 Swede Road, Suite 100
E. Norriton, PA 19401

Law Offices of Steven D. Gertler &
Associates Ltd
415 N. LaSalle Street, Suite 402
Chicago, IL 60654-2742

LCMH-Affiliated Services
2800 W 87th Street
Chicago, IL 60652-3831

Leading Edge Recovery Solutions
5440 N. Cumberland Ave., Suite 300
Chicago, IL 60656-1490

LTD Financial Services LP
7322 Southwest Freeway, Suite 1600
Houston, TX 77074

M.R. Olden & Associates, LLC
PO Box 631
Richton Park, IL 60471-0631

Macy's
Attention: Bankruptcy Processing
PO Box 8053
Mason, OH 45040

Malcolm S. Gerald & Associates
332 S. Michigan Avenue Suite 600
Chicago, IL 60604-4318

Med Business Bureau
Po Box 1219
Park Ridge, IL 60068

Med Business Bureau
1460 Renaissance Dr
Park Ridge, IL 60068

Medical Business Bureau LLC
Po Box 1219
Park Ridge, IL 60068

Medical Business Office
541 Otis Bowen Drive
Munster, IN 46321

Medical Recovery Specialists, LLC
2250 E Devon, Suite 352
Des Plaines, IL 60018-4521

Merchants Credit Guide Co.
223 W. Jackson Blvd
Suite 700
Chicago, IL 60606

Merchants Credit Guide
223 W. Jackson Blvd.
Suite 400
Chicago, IL 60606

Merchants Credit Guide
223 W Jackson Blvd
Suite 900
Chicago, IL 60606

Metro Center for Health
901 McClintock Drive Suite 202
Burr Ridge, IL 60527-0872

Metro Infectious Disease Consultant
901 MClintock Drive
Suite 202
Burr Ridge, IL 60527-0872

MidAmerica Cardiovascular Consultan
5009 W. 95th Street
Oak Lawn, IL 60453-2401

Midwest Anesthesiologists
3407 Momentum Place
Chicago, IL 60689-5334

Midwest Anesthesiologists, Ltd.
185 Penny Avenue
Dundee, IL 60118

Midwest Diagnostic Pathology, SC
PO Box 578
Park Ridge, IL 60068-0578

Midwest Imaging Professionals
PO Box 371863
Pittsburgh, PA 15250-7863

Midwest Pulmonary, Associates, S.C
2340 S. Highland Ave.
Suite 230
Lombard, IL 60148

MiraMed Revenue Group
Dept 77304
PO Box 77000
Detroit, MI 48277-0304

MiraMed Revenue Group
991 Oak Creek Drive
Lombard, IL 60148

Monarch Recovery Management
10965 Decatur Road
Philadelphia, PA 19154-3210

MRS Associates Of NJ
1930 Olney Ave
Cherry Hill, NJ 08003

Mrsi
2250 E Devon Ave Ste 352
Des Plaines, IL 60018

Nationstar Mortgage
Attn: Bankruptcy
PO Box 619096
Dallas, TX 75261-9741

Nationstar Mortgage
Bankruptcy Dept.
PO Box 630348
Irving, TX 75063

Nationwide Credit & Collection, Inc
815 Commerce Drive
Suite 270
Oak Brook, IL 60523

NCB Management Services, Inc.
P.O. Box 1099
Langhorne, PA 19047

NCO Financial Systems, Inc.
3005 Grape Rd Suite A
Mishawaka, IN 46545

NCO Financial Systems, Inc.
4740 Baxter Road
Virginia Beach, VA 23462

NEAR
PO Box 209
Thornwood, NY 10594-0209

Nelson, Watson & Associates, LLC
PO Box 1299
Haverhill, MA 01831-1799

Northland Group Inc.
P.O. Box 390846
Minneapolis, MN 55439

Northland Group, Inc.
P.O. Box 390905
Mail Code F164
Edina, MN 55439

Northstar Location Services LLC
4285 Genesee Street
Cheektowaga, NY 14225-1943

Oak Lawn Radiology Imaging
37241 Eagle Way
Chicago, IL 60678

Oaklawn Radiology at St. James
37241 Eagle Way
Chicago, IL 60678-1372

Oaklawn Radiology Imaging Consulta
37241 Eagle Way
Chicago, IL 60678-1372

Olympia Fields Eyecare
3700 W 203rd
Suite 103
Olympia Fields, IL 60461

Palos Community Hospital
Attn: Accounts Receivable
12251 South 80th Avenue
Palos Heights, IL 60463

Phoenix Financial Services LLC
PO Box 26580
Indianapolis, IN 46226-0580

Plaza Recovery, Inc
PO Box 722218
Houston, TX 77272-2218

Portfolio Recovery Ass
287 Independence
Virginia Beach, VA 23462

Portfolio Recovery Associates LLC
PO Box 12914
Norfolk, VA 23541

Portfolio Recovery Associates LLC
120 Corporate Blvd
Attn: Bankruptcy
Norfolk, VA 23502

Portfolio Recovery Associates LLC
PO Box 12903
Norfolk, VA 23541

Portfolio Recovery Associates, LLC
140 Corporate Blvd
Norfolk, VA 23502

Professional Bureau of Collections
of Maryland, Inc.
PO Box 628
Elk Grove, CA 95759

Pulmonary Consultants SC
12820 S Ridgeland Ave, Suite B
Palos Heights, IL 60463-2389

Radiology and Nuclear Consultants
311 W Monroe
8th Fl ACS LBX 71260
Chicago, IL 60606

Radiology Imaging Consultants, SC
75 Remittance Drive, Dept 1324
Chicago, IL 60675-1324

Rehabtech Supply Corporation
10216 Werch Drive, Suite 108
Woodridge, IL 60517-5092

Retina Associates
Suite 207
2425 W 22nd Street
Oak Brook, IL 60523

SCR Laboratory Physicians, SC
PO Box 5959
Carol Stream, IL 60197

Sears/cbna
Po Box 6282
Sioux Falls, SD 57117-6282

Secretary of State
Driver Services Dept
2701 S. Dirksen Parkway
Springfield, IL 62723-0001

SouthSuburban Cardiology Associates
3800 W 203rd Street
Suite 201
Olympia Fields, IL 60461-1184

Southwest Laboratory Physicians SC
Dept 77-9288
Chicago, IL 60678-9288

Specialty Physicians of Illinois
38132 Eagle Way
Chicago, IL 60678-1381

St James Certified Home Health
1400 Otto Blvd
Chicago Heights, IL 60411-3400

St james Hospital & Health Centers
Attn: Patient Accounts
1423 Chicago Road
Chicago Heights, IL 60411

St. James Anesthesia
20201 Crawford Ave
Olympia Fields, IL 60461

St. James Anesthesia
35777 Eagle Way
Chicago, IL 60678-1357

St. James Center Psychological Well
38005 Eagle Way
Chicago, IL 60678-1380

St. James Health Care Clinic
30 E 15th Street Ste 406
Chicago Heights, IL 60411

St. James Hospital & Health Centers
Attn: Patient Accounts
20201 S Crawford Ave
Olympia Fields, IL 60461

St. James Prof SVC
Mark Conard, Phd
30 E 15th Street
Suite 406
Chicago Heights, IL 60411

State Collection Service
2509 S. Stoughton Road
Madison, WI 53716

State Farm Insurance
One State Farm Plaza
Bloomington, IL 61710

State Farm Mutual
c/o Steven D. Gertler
Gertler & Gertler
415 N. LaSalle Street, Suite 402
Chicago, IL 60610

State Farm Mutual Automobile Ins Co
PO Box 2329
Bloomington, IL 61702-2329

Superior Air-Ground Ambulance Svc.
395 West Lake Street
P.O. Box 1407
Elmhurst, IL 60126-8407

Superior Ambulance Service
PO Box 1407
Elmhurst, IL 60126

SW Infectious Disease and IM
PO Box 578220
Chicago, IL 60657-7303

Synchrony Bank
Attn: Bankruptcy Department
PO Box 965061
Orlando, FL 32896-5061

Td Bank Usa/targetcred
Po Box 673
Minneapolis, MN 55440

The Bureaus Inc.
650 Dundee Rd
Ste 370
Northbrook, IL 60062

The Bureaus Inc.
1717 Central St
Evanston, IL 60201

The Cardiology Group LLC
2850 West 95th Street
Suite 305
Evergreen Park, IL 60805-2701

The Law Office of Raymond A. Conta
37 Saw Mill River Road
Hawthorne, NY 10532

The University of Chicago Physician
75 Remittance Drive
Suite 1385
Chicago, IL 60675-1385

Tinley Primary Care
17148 S Harlem Avenue
Tinley Park, IL 60477-3331

Tinley Primary Care Ltd
17148 S Harlem Avenue
Tinley Park, IL 60477-3331

Transworld Systems Inc
Collection Agency
po BOX 17221
Wilmington, DE 19850

Transworld Systems Inc.
PO Box 17221
Wilmington, DE 19850

Trustmark Recovery Services
541 Otis Bowen Drive
Munster, IN 46321

UI Hospital & Health Sciences Sys
1175 Devin Drive, Suite 173
Norton Shores, MI 49441

UI Physicians Group
3293 Paysphere Circle
Chicago, IL 60674-3293

UIC Physician Group
7720 Solution Center
Chicago, IL 60677-7007

UIC Physician Group
3293 Paysphere Circle
Chicago, IL 60674-3293

UIC Physician Group
3293 Paysphere Circle
Chicago, IL 60674

UICPG
7720 Solution Center
Chicago, IL 60677-7007

United Collection Bureau, Inc.
5620 Southwyck Blvd.
Suite 206
Toledo, OH 43614

United Recovery Service, LLC
18525 Torrence Ave
Suite C-6
Lansing, IL 60438

United Recovery Systems, LP
5800 North Course Drive
Houston, TX 77072-1613

University of Chicago Medical Cente
15965 Collections Center Drive
Chicago, IL 60693-0159

University of Illinois Medical Ctr
Patient Accounts
PO Box 12199
Chicago, IL 60612-0199

Vision Financial Services
PO Box 1768
La Porte, IN 46352-1768

Well Group Health Partners
38132 Eagle Way
Chicago, IL 60678-1381

Weltman Weinberg & Reis
3705 Marlane Drive
Grove City, OH 43123-8895